

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/857311

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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11		1		1		
12		1		1		
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15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		2		1		
23		1		1		
24		1		1		
25		1		1		
26		1		1		
27		1		1		
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50						
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		↓	29	↓		↓
TOTAL CLAIMS			31			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS